



Appendix I:

Section 4: Methodology for case studies

The case study examples that are included in this document are considered a ‘first round’. We set out to provide case studies to illustrate implementation examples of good practice and a more detailed analysis of lessons learned to assist those considering implementing the strategy in their own setting. However the reality is that many programmes have not been examined with respect to their effectiveness and it is even less likely that they will have been evaluated using a rigorous research design that includes a comparison group and a look at behavioural and injury outcomes. As a result many programmes could not be included as case studies in this version, but it is anticipated that as more programmes receive adequate evaluation additional examples can be added.

Case studies were sought and selected based on the following criteria:

- Example programme addresses issues of priority within Europe (based on injury burden).
- Example programme met our definition of good practice.
- Example programme corresponds with one of the good practices identified.

- Example programme has been implemented and evaluated (both process and outcome evaluations completed) in a European setting and found to be effective.

In addition to the selection criteria, where possible we also attempted to select case study examples that reflected a range of resource intensities (e.g., a range of costs to implement) and implementation levels (e.g., national, regional or local). Case studies were also selected to try and reflect the efforts from as many areas of Europe as possible. Case study examples were sought in a snowball approach through various sources including members of the European Child Safety Alliance and other child injury prevention and safety promotion experts. In addition, internet searches and selective reviews of the recent literature were used to identify additional potential case studies.

For each potential case study selected, a contact person was identified and a research associate contacted him or her to ascertain that the potential case study met the inclusion criteria. Once this was established, available documentation was examined and a standardised interview was conducted that sought and summarised the following information:

- Implementation level (at what level was the strategy focussed – national, regional or local?)

- Strategy approach (which of the 3 E’s was used – education, engineering, enforcement or a combination?)
- Setting of intervention (where did the intervention take place?)
- Target audience for the intervention (at who was the intervention aimed?)
- Resource intensity – an indication of the resource intensity required [€ = up to €20.000/year, €€ = €20-90.000/year, €€€ = €100-299.000/year, €€€€ = €300-999.000/year, €€€€€ = €1.000.000 plus/year]*
- Background for the initiative (including rationale, driving force, timeframe and major partners)
- Aim & objectives of intervention
- Key steps / actions in intervention
- Evaluation of intervention
- Lessons learned (including barriers and facilitators, advice to countries and issues around transferability)

*The resource implications provided should be interpreted carefully. First they do not include in-kind support which in many cases far outweighs the actual budget spent on the implementation of a strategy. Second although the resource intensity estimates provided come from the project personnel themselves, it is important to remember that costs vary by country for many things such as people’s time, printing of resources, etc. As a result the resources required when looking at transferring a strategy from one setting to another may vary from what is reported here.





- References
- Contact information for intervention

Following each interview, the case study was written up in a consistent format, which included the addition of the evidence statement supporting the strategy. Case studies were then returned to the contact for confirmation and clarification before being added to the guide. Of note, three of the cases studies - Safe Road to School in Faro, Portugal; Bicycle Helmet Campaign, Denmark and Child Resistant Packaging for Chemicals, Netherlands - are enhanced expansions of case studies originally collected for the WHO for the Children's health and environment case studies summary book⁹³

Finally it is important to note that the cases studies included in the following section are an initial attempt to illustrate examples of existing good practice. The European Child Safety Alliance invites submission of additional case study ideas that meet the criteria described above for inclusion in future editions. Please forward case study ideas to secretariat@childsafetyeurope.org



Car Safety Seat Loan Program Austria

IMPLEMENTATION LEVEL	Regional
APPROACH	Education, Safety Equipment
SETTING	Hospital
TARGET AUDIENCE	Parents, babies and young children.
RESOURCE IMPLICATIONS	€€€
EVIDENCE BASE:	Community-based intervention combining child passenger restraint distribution, loaner programmes or incentives with education programmes leads to increased use. ^{1,2,3}

Background

In 1992, a hospital based car seat loan programme was launched by Grosse schuetzen Kleine / Safe Kids Austria, in order to improve car safety seat usage in children. Every delivery department in the federal province of Styria was targeted for the establishment of a child safety seat loan programme.

A private company organises the hospital-based loan programme. Nurses at delivery departments inform parents about the programme. Parents fill in a document to order a car seat, while in the hospital (the average mother stays in hospital for five days after giving birth), and pay loan costs for the next 12 months. Before they leave the hospital they receive a car safety seat for their newborn so that the first ride in the car is already a safe one. If the parents bring back the seat before the baby is one year old (some babies are bigger, some are smaller, and the average usage time is about nine months), parents get a refund for the remaining months. The company makes obligatory technical checks and cleans seats to prepare for re-loan.

In the first two years, the programme was supported by the local traffic safety fund and parents received the car safety seat for free. In 1994, a law was passed enforcing the usage of car safety seats for children, and since then parents pay €3.60 per month.

Policy Background/Driving Force

Despite laws making usage of car safety seats mandatory for children since 1994, injuries through motor vehicle crashes are a leading cause of mortality for children in Austria. In 1991, one year before the start of this programme, 557 children were seriously injured in motor vehicle crashes in the province of Styria. Of these, 44% were unrestrained car passengers.

Partners

- Grosse schuetzen Kleine / Safe Kids Austria
- Local government traffic department
- Achtung Kind und Sicherheit – a private company that organised the loan programme.

Aims & Objectives

- To increase the use of car safety seats for babies by increasing their accessibility.
- To decrease injuries to children in motor vehicle crashes

Evaluation

A survey in 1996 determined parents' safety awareness and availability of safety seats to families. A total of 332 mothers in 16 hospitals with and without the programme were asked

to respond to a questionnaire on the availability of safety seats for short-term loan, their knowledge regarding correct installation of car safety seats, and to give recommendations for improvement of the loan programme.⁴

Results showed that 87% of the mothers in the intervention area transported their babies safely restrained in child safety seats. A total of 58% of mothers acquired their child safety seat through the hospital loan programme. This low number can be explained by an alternative source of car safety seats. A few months after Grosse schuetzen Kleine / Safe Kids Austria started its programme, the Austrian Automobile and Touring Club started a car safety seat loan programme for members' babies, modelled on the hospital loan programme.

The 1996 survey showed that in the non-intervention area, the federal province of Carinthia, reported usage of car safety seats was only 65%. In Carinthia, no safety seat loan programme was available, making car safety seat costs a major obstacle for some young parents. In this area, 62% of the mothers considered a hospital based loan programme to be an effective response to the recognised problem. In both federal provinces, more than 70% of mothers asked for detailed information on proper usage of child passenger restraint systems.

In 1999, the Carinthian Automobile and Touring Club and Grosse schuetzen Kleine / Safe Kids Austria started a hospital based car safety seat loan programme in the province of Carinthia. Vorarlberg, the most western province of Austria adopted the hospital based programme in 1996, also



organised by the local Automobile and Touring Club. In the rest of Austria, the Austrian Automobile and Touring Clubs offer a loan programme for members only.

At the moment, the usage rate of car safety seats for babies is 90% in Austria.⁵ Unfortunately, this number decreases with the age of the child. At age six, when children enter school, the usage rate is 10% despite legislation.

Key Steps

- If no car safety seat law is in place, it is important to gain political and local government support for a programme.
- Contract a private company to handle the logistics of the loan process.
- Identify hospitals for implementation of the programme.
- Encourage hospital staff to advertise the programme among mothers, to distribute the seats and to handle storage.
- Increase programme profile through the media.

Lessons Learned

Barriers

- The programme requires considerable effort from hospital staff because they must advertise it to new mothers and help with storage of car seats.
- Some hospitals do not have storage facilities. In these cases, the company organising the programme visits the hospitals twice per week to deliver car seats.

Facilitators

- The car safety seat loan programme can prove a high profile project for hospitals. Hospitals running the programme

received an award from the WHO Collaborating Centre on Health Promoting Hospitals.

- A law was passed in 1994 making the use of car seats mandatory until age 14 years (or height of 1.50m).
- For three years, the local government ran a campaign prior to Christmas called the “Guardian Angel” campaign in which they took over the rental fees for car seats for all children born in December.

Advice to Countries/Transferability

- The Austrian car safety seat loan programme is based on the UK project First ride – Safe Ride.⁶
- Hospital staff are crucial to the success of the programme. It is important to have regular contact with them to ensure their needs are being met. In this case, staff were visited twice per year.
- A reliable, well-informed organisation is required to run the programme and carry out technical and maintenance checks on car seats.
- By having the opportunity to hire a seat directly in the hospital, parents learned that safety for car passengers is a must right from the start.

References, Additional Information

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2. Turner, C., McClure, R., Nixon, J., & Spinks, A., (2005). Community-based programmes to promote car seat restraints in children 0-16 years – a systematic review. *Accident Analysis and Prevention*, 37, 77-83.

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4. <http://www.grosse-schuetzen-kleine.at/>

5. <http://www.kfv.at/>

6. Holston, S. (1988). First ride – safe ride. Keeping baby safe in the car from birth to nine months. *Midwives Chronicle*, 101 (1206), 218.

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